

Mississippi State Department of Health

List of Reportable Diseases and Conditions

Reporting Hotline: 1-800-556-0003
Monday - Friday, 8:00 am - 5:00 pm

To report inside Jackson telephone area or for consultative services
Monday - Friday, 8:00 am - 5:00 pm: (601) 576-7725

	Phone	Fax
Epidemiology	(601) 576-7725	(601) 576-7497
STD/HIV	(601) 576-7723	
TB	(601) 576-7700	

Mail reports to: Office of Epidemiology, Mississippi State Department of Health
Post Office Box 1700, Jackson, Mississippi 39215-1700

Class 1 Conditions may be reported nights, weekends and holidays by calling: (601) 576-7400

Class 1: Diseases of major public health importance which shall be reported directly to the Mississippi State Department of Health (MSDH) by telephone within 24 hours of first knowledge or suspicion. Class 1 diseases and conditions are dictated by requiring an immediate public health response. Laboratory directors have an obligation to report laboratory findings for selected diseases (refer to Appendix B of the Rules and Regulations Governing Reportable Diseases and Conditions).

Any Suspected Outbreak (including foodborne and waterborne outbreaks)
(Possible biological weapon agents appear in *bold italics*)

Anthrax Arboviral infections including but not limited to those due to: California encephalitis virus Eastern equine encephalitis virus LaCrosse virus Western equine encephalitis virus St. Louis encephalitis virus West Nile virus Botulism (including foodborne, infant or wound) Brucellosis Chancroid Cholera Creutzfeldt-Jakob disease, including new variant Diphtheria <i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC)	Encephalitis (human) Glanders <i>Haemophilus influenzae</i> Invasive Disease ^{†‡} Hemolytic uremic syndrome (HUS), post-diarrheal Hepatitis A HIV infection- including AIDS Influenza-associated pediatric mortality (<18 years of age) Measles Melioidosis <i>Neisseria meningitidis</i> Invasive Disease ^{†‡} Pertussis Plague Poliomyelitis Psittacosis Q fever Rabies (human or animal)	Ricin intoxication (castor beans) Smallpox <i>Staphylococcus aureus</i> , vancomycin resistant (VRSA) or vancomycin intermediate (VISA) Syphilis (including congenital) Tuberculosis Tularemia Typhoid fever Typhus fever Varicella infection, primary, in patients >15 years of age Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo]) Yellow fever
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Any unusual disease or manifestation of illness, including but not limited to the appearance of a novel or previously controlled or eradicated infectious agent, or biological or chemical toxin.

Class 2: Diseases or conditions of public health importance of which individual cases shall be reported by mail, telephone, fax or electronically, within 1 week of diagnosis. In outbreaks or other unusual circumstances they shall be reported the same as Class 1. Class 2 diseases and conditions are those for which an immediate public health response is not needed for individual cases.

<i>Chlamydia trachomatis</i> , genital infection Dengue Ehrlichiosis <i>Enterococcus</i> , invasive infection [‡] , vancomycin resistant Gonorrhea Hepatitis (acute, viral only) Note - Hepatitis A requires Class 1 Report Hepatitis B infection in pregnancy Legionellosis	Listeriosis Lyme disease Malaria Meningitis other than meningococcal or <i>H. influenzae</i> Mumps <i>M. tuberculosis</i> infection (positive TST or positive IGRA ^{***}) Noncholera <i>Vibrio</i> disease Poisonings* (including elevated blood lead levels ^{**}) Rocky Mountain spotted fever	Rubella (including congenital) Salmonellosis Shigellosis Spinal cord injuries <i>Streptococcus pneumoniae</i> , invasive infection [‡] Tetanus Trichinosis Viral encephalitis in horses and ratites
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† Usually presents as meningitis or septicemia, or less commonly as cellulitis, epiglottitis, osteomyelitis, pericarditis or septic arthritis.

‡ Specimen obtained from a normally sterile site.

*Reports for poisonings shall be made to Mississippi Poison Control Center, UMMC 1-800-222-1222.

**Elevated blood lead levels (as designated below) should be reported to the MSDH Lead Program at (601) 576-7447.

Blood lead levels (venous) of ≥10 µg/dL

***TST- tuberculin skin test; IGRA- Interferon-Gamma Release Assay

Except for rabies and equine encephalitis, diseases occurring in animals are not required to be reported to the MSDH.

Class 3: Laboratory based surveillance. To be reported by laboratories only. Diseases or conditions of public health importance of which individual laboratory findings shall be reported by mail, telephone, fax or electronically within one week of completion of laboratory tests (refer to Appendix B of the Rules and Regulations Governing Reportable Diseases and Conditions).

All blood lead test results Blastomycosis Campylobacteriosis	CD4 count and HIV viral load* Chagas Disease (American Trypanosomiasis) Cryptosporidiosis Hansen disease (Leprosy)	Hepatitis C infection Histoplasmosis Nontuberculous mycobacterial disease
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*HIV associated CD4 (T4) lymphocyte results of any value and HIV viral load results, both detectable and undetectable.

Class 4: Diseases of public health importance for which immediate reporting is not necessary for surveillance or control efforts. Diseases and conditions in this category shall be reported to the Mississippi Cancer Registry within six months of the date of first contact for the reportable condition.

The National Program of Cancer Registries at the Centers for Disease Control and Prevention requires the collection of certain diseases and conditions. A comprehensive reportable list including ICD9CM codes is available on the Mississippi Cancer Registry website, <http://mcr.umc.edu/documents/ReportableCases10-09andlater.pdf>.

Each record shall provide a minimum set of data items which meets the uniform standards required by the National Program of Cancer Registries and documented in the North American Association of Central Cancer Registries (NAACCR).

For further information, please refer to the Mississippi State Department of Health’s website at www.msdh.state.ms.us.

Laboratory Results that must be
Reported to the Mississippi State Department of Health

Laboratories shall report these findings to the MSDH at least **WEEKLY**. Diseases in **bold type** shall be reported immediately by telephone. Isolates of organisms marked with a dagger (†) should be sent to the MSDH Public Health Laboratory (PHL). All referring laboratories should call the PHL at (601) 576-7582 prior to shipping any isolate. Confirmatory tests for some of these results may be obtained by special arrangement through the Epidemiology Program at (601) 576-7725.

Positive Bacterial Cultures or Direct Examinations		
Result Any bacterial agent in CSF <i>Bacillus anthracis</i> [†] <i>Bordetella pertussis</i> <i>Borrelia burgdorferi</i> [†] <i>Brucella</i> species [†] <i>Burkholderia mallei</i> [†] <i>Burkholderia pseudomallei</i> [†] <i>Campylobacter</i> species <i>Chlamydia psittaci</i> <i>Chlamydia trachomatis</i> <i>Clostridium botulinum</i> ^{†**} <i>Clostridium tetani</i> <i>Corynebacterium diphtheriae</i> [†] <i>Coxiella burnetii</i> [†] <i>Enterococcus</i> species,* vancomycin resistant <i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC) [†] <i>Francisella tularensis</i> [†] <i>Grimontia hollisae</i> <i>Haemophilus ducreyi</i> <i>Haemophilus influenzae</i> ^{†*} <i>Legionella</i> species <i>Listeria monocytogenes</i> [†] <i>Mycobacterium</i> species <i>Mycobacterium tuberculosis</i> [†] <i>Neisseria gonorrhea</i> <i>Neisseria meningitidis</i> ^{†*} <i>Photobacterium damsela</i> <i>Rickettsia prowazekii</i> <i>Rickettsia rickettsii</i> <i>Salmonella</i> species, not <i>S. typhi</i> <i>Salmonella typhi</i> [†] <i>Shigella</i> species <i>Staphylococcus aureus</i> , vancomycin resistant or vancomycin intermediate <i>Streptococcus pneumoniae</i> * <i>Vibrio cholerae</i> 01 [†] <i>Vibrio</i> species [†] <i>Yersinia pestis</i> [†]	Reportable Disease Bacterial meningitis Anthrax Pertussis Lyme disease Brucellosis Glanders Melioidosis Campylobacteriosis Psittacosis <i>Chlamydia trachomatis</i> genital infection Botulism Tetanus Diphtheria Q fever <i>Enterococcus</i> infection, invasive vancomycin resistant <i>Escherichia coli</i> O157:H7 and any shiga toxin-producing <i>E. coli</i> (STEC) Tularemia Noncholera <i>Vibrio</i> disease Chancroid <i>H. influenzae</i> infection, invasive Legionellosis Listeriosis Nontuberculous mycobacterial disease Tuberculosis Gonorrhea Meningococcal infection, invasive Noncholera <i>Vibrio</i> disease Typhus Fever Rocky Mountain spotted fever Salmonellosis Typhoid fever Shigellosis <i>Staphylococcus aureus</i> vancomycin resistant (VRSA) or vancomycin intermediate (VISA) <i>Streptococcus pneumoniae</i> , invasive infection Cholera Noncholera <i>Vibrio</i> disease Plague	

[†] Isolates of organism should be sent to the MSDH PHL. All referring laboratories should call the PHL at (601) 576-7582 prior to shipping any isolate.
*Specimen obtained from a normally sterile site (usually blood or cerebrospinal fluid, or, less commonly, joint, pleural, or pericardial fluid). **Do not report throat or sputum isolates.**
**Contact the MSDH Epidemiology Program at (601) 576-7725 or the PHL at (601) 576-7582 for appropriate tests when considering a diagnosis of botulism.

Positive Serologic Tests For:		
Arboviral agents including but not limited to those due to: California encephalitis virus Eastern equine encephalitis virus LaCrosse virus St. Louis encephalitis virus Western equine encephalitis virus West Nile virus Brucellosis Chagas Disease (American Trypanosomiasis) Cholera <i>Chlamydia trachomatis</i> genital infection	Dengue Ehrlichiosis Hepatitis A (anti-HAV IgM) Hepatitis B (anti-HBc IgM) Hepatitis B (HBsAg) in pregnancy Hepatitis C HIV infection (refer to Subchapter 14) Legionellosis [§] Lyme disease Malaria Measles Mumps	<i>M. tuberculosis</i> infection Plague Poliomyelitis Psittacosis Rocky Mountain spotted fever Rubella Syphilis (refer to Rule 1.17.15) Smallpox Trichinosis Varicella infection, primary in patients >15 years of age Yellow fever

[§] Serologic confirmation of an acute case of legionellosis cannot be based on a single titer. There must be a four-fold rise in titer to >1:128 between acute and convalescent specimens.

Positive Parasitic Cultures or Direct Examinations		Blood Chemistries
Result Any parasite in CSF [‡] <i>Cryptosporidium parvum</i> <i>Trypanosoma cruzi</i> <i>Plasmodium</i> species [‡]	Reportable Disease Parasitic meningitis Cryptosporidiosis Chagas Disease (American Trypanosomiasis) Malaria	ALL blood lead test results are reportable to the MSDH Lead Program at (601) 576-7447.

[‡] Indicates the positive specimens may be submitted to the MSDH PHL for confirmation.

Positive Fungal Cultures or Direct Examinations		Positive Toxin Identification
Result Any fungus in CSF <i>Blastomyces dermatitidis</i> <i>Histoplasma capsulatum</i>	Reportable Disease Fungal meningitis Blastomycosis Histoplasmosis	Ricin toxin from <i>Ricinus communis</i> (castor beans)

Positive Viral Cultures or Direct Examinations		Surgical Pathology results
Result Any virus in CSF Arboviral agents including but not limited to those due to: California encephalitis virus Eastern equine encephalitis virus LaCrosse virus St. Louis encephalitis virus Western equine encephalitis virus West Nile virus Arenaviruses Dengue virus, serotype 1, 2, 3 or 4 Filoviruses Poliovirus, type 1, 2 or 3 Varicella virus Variola virus Yellow fever virus	Reportable Disease Viral meningitis California encephalitis Eastern equine encephalitis (EEE) LaCrosse encephalitis St. Louis encephalitis (SLE) Western equine encephalitis (WEE) West Nile encephalitis (WNV) Viral hemorrhagic fevers Dengue Viral hemorrhagic fevers Poliomyelitis Varicella infection, primary in patients >15 years of age Smallpox Yellow fever	Creutzfeldt-Jakob Disease, including new variant Hansen disease (<i>Mycobacterium leprae</i>) Human rabies Malignant neoplasms Mycobacterial disease including Tuberculosis Trichinosis